

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.usplo.gov

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/536,618	04/11/2006	Venkata Satya Nirogi Ramakrishna	SUB 0006 US	9138
		7590 07/29/2009		EXAM	INER
	IPHORGAN, LTD. 1130 LAKE COOK ROAD		·	BERNHARDT, EMILY B	
SUITE 240 BUFFALO GROVE, I		OVE, IL 60089		ART UNIT	PAPER NUMBER
		•		1624	
				MAIL DATE	DELIVERY MODE
				07/29/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

<u> </u>		Application No.	Applicant(s)				
NOTICE REQUIRING EXCESS CLAIMS FEES		10/536,618	RAMAKRISHNA ET AL.				
		10/000,010	Art Unit				
			2800				
in 37 C three multipl	cess claim(s) filed on 26 May, 2005 is not accomplER 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees (§ 1.16(h)), each claim (whether dependent or in e dependent claims are considered for fee calculate dependent claim (§ 1.16(j)).	s are required for each claim in in- independent) in excess of twenty (dependent form in note that § 1.75(c	n excess of) indicates how			
(30) DA \$ ABAN	Since the application is not under a final rejection, applicant is given a time period of ONE (1) MONTH or THIRTY (30) DAYS from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of , or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.						
<u> </u>	The funds in Deposit Account No. are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.						
<u> </u>	The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.						
3 .	3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.						
4 .	4. The fee submitted in this application is insufficient. A balance of \$ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).						
⊠ 5.	Other.						
Explanation (<i>Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due</i>): Per our conversation on 7-23-09 regarding fees that were not correctly charged when this case was originally filed on 5-26-05. Initially the applicants was charged for 20 dependent claims and charged for 5 independent claims. They should have been charged for 32 dependent claims and for 12 independent claims. An additional fee due for the dependent claims is \$600 for each additional claim at \$50.00 and for independent claims the fee due is \$1,400 for each additional claim at \$200.							
1.16, 1.2 WITH IS SUB AVAIL Service charged deposit	MOUNT OF THE FEE(S) DUE IS SUBJECT TO CH. 21 & 1.492). THE AMOUNT OF THE FEE(S) DUE THE APPROPRIATE FEE(S) IS RECEIVED BY DECT TO CHANGE, IT IS RECOMMENDED THAT ABLE ON THE USPTO'S WEBSITE AT: http://www.Charges: There is a \$50 service charge for processing back by a financial institution (37 CFR 1.21(m)). The account is below \$1000 at the end of the month (37 CI ical Support Staff (TSS): /WYNETTE C. STAPO	TIS DETERMINED AS OF THE EXTHE OFFICE (37 CFR 1.8 & 1.10) APPLICANT CHECK THE CURRE v.uspto.gov/web/offices/ac/qs/ope/fedg each payment refused (including a cre is a \$25.00 service charge for each FR 1.21(b)(2)).	DATE A COMPLE BECAUSE THE A ENT FEE SCHED es.htm check returned "unp month when the b	TE REPLY AMOUNT DUE ULE WHICH IS oaid") or			

Note to TSS: Please do NOT use this notice if the application is under a final rejection.